PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	Complete if Known
Effective on 12/06/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	
FEE TRANSMITTAL	Application Number: 10702416
For FY 2005	Filing Date: 2003-06-11
	First Named Inventor: Daniel C. Edelstein et al.
☐ Applicant claims small entity status. See 37 CFR 1.27	Examiner Name: Michael Abroagye
	Art Unit: 1725
TOTAL AMOUNT OF PAYMENT ($) 0	Attorney Docket No.: FIS920030260US1

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☑ Deposit Account   Deposit Account Number: 09-0458   Deposit Account Name: IBM East Fishkill

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

☑ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   ☑ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fees Paid ($)**
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description		**Fee ($)**	**Small Entity Fee ($)**
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180

Total Claims	**Extra Claims**	**Fee ($)**	**Fee Paid ($)**
6 - 20 or HP =	0 x	25.00 =	_____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	**Extra Claims**	**Fee ($)**	**Fee Paid ($)**
1 - 3 or HP =	0 x	100.00 =	_____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee ($)	**Fee Paid ($)**
_____	0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	**Extra Sheets**	**Number of each additional 50 or fraction thereof**		**Fee ($)**	**Fee Paid ($)**
_____ - 100 =	_____ / 50 =	_____ (round **up** to a whole number) x		_____ =	_____

4. OTHER FEE(S)

Non-English Specification, $130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid ($)

_____

_____

SUBMITTED BY

Signature	/Robert Curcio/	Registration No. (Attorney/Agent): 44,638	Telephone: 203-787-0595
Name (Print/Type): Robert Curcio			Date: 2007-03-29